REIMBURSEMENT REQUEST **BROWN COUNTY 4-H LEADERS ASSOCIATION** WHO IS SUBMITTING THIS REQUEST: Name: _____ Club (if appropriate): Number to call with questions: WHO SHOULD CHECK BE MADE OUT AND SENT TO: Individual Name or Club/Group Name: _____ Street Address: _____ City, State, ZIP: **COMMENTS OR SPECIAL INSTRUCTIONS:** RECEIPT INVOICE DATE OF PURCHASE TOTAL DESCRIPTION AND REASON FOR PURCHASE (IF EVENT BASED, PLEASE LIST) ATTACHED* ATTACHED* *IF REQUEST IS FOR MILEAGE, LIST BEGINNING AND ENDING MILEAGE AND TOTAL MILES. RATE IS 0.50/MILE. TOTAL REQUEST Signature of Submitter: ______ Date: _____ Submit request form with receipts and/or invoices to: **Note: receipts without this form will not be reimbursed** Brown County 4-H Leaders Association 2019 Technology Way, Room#113 Green Bay, WI 54311 You may also bring form to or get from at Leaders Association meetings and deliver directly to the Leaders Association Treasurer. Checks will be made and signed the 1st Tuesday of every month. Forms and supporting documents can be submitted at least 3 days prior to the 1st Tuesday of the month to be paid that month. If submitted after, or at the Leaders Association meeting, we will try to accommodate requests, but reimbursement is guaranteed by the following meeting. FOR EXECUTIVE COMMITTEE USE ONLY DATE APPROVED: CHECK NUMBER: INITIALS OF WHO SIGNED CHECK: CHECK PICKED UP IN PERSON BY: CHECK MAILED (DATE AND INITIALS): COMMENTS: